MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07115

7149

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL HAGERSTOWN
LENGTH OF STAY (in this place) 3 MO.
HOSPITAL OR INSTITUTION OR STREET ADDRESS GATEWAY NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural give location) 819 CORBETT ST.

3. NAME OF DECEASED: (Type or Print) (First) ALBERT (Middle) (Last) BAGENT

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 19 55

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 4/30/1877

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): RETIRED POLISHER

10b. KIND OF BUSINESS OR INDUSTRY: BRASS FOUNDRY

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-09-8657

17. INFORMANT & ADDRESS: MRS. ELIZABETH BAGENT HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Prostate — Interval Between Onset And Death: 2

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 18, 1955, to July 3, 1955, that I last saw the deceased alive on July 3, 1955, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. A. Byer M.D. ADDRESS Hagerstown, Maryland DATE SIGNED July 4, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7/5/55 NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 8, 1955 REGISTRAR'S SIGNATURE J. W. Mowery Reg.

24. FUNERAL DIRECTOR W. T. Kefauver ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7150 Item 7, File 194 7-26-55 at

07116

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Williamsport Md RFD #2
LENGTH OF STAY (in this place) 68 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pinesburg Williamsport Md RFD #2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Williamsport Md RFD #2 X
STREET ADDRESS (If rural give location) Pinesburg

3. NAME OF DECEASED: (Type or Print) (First) Theodore (Middle) Snavely (Last) Bear

4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 3 1887

9. AGE last birthday 68 yrs. IF UNDER 1 YEAR Months 4 Days 15 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10B. KIND OF BUSINESS OR INDUSTRY: Textile Mills

11. BIRTHPLACE (State or foreign country): Pinesburg Md.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Wesley Bear

14. MOTHER'S MAIDEN NAME: Catherine Null

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 215-01-9866

17. INFORMANT & ADDRESS: Pinesburg RFD #2 Mrs. Amos Banzhoff Williamsport Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Thrombosis DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: Immediate

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/18/55, 19..., to 7/19/55, 19..., that I last saw the deceased alive on 7/19/55, 19..., and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE L. F. Young M. D. ADDRESS Williamsport, Md DATE SIGNED 7/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: July 21-55

NAME OF CEMETERY OR CREMATORY: Mennonite Cemetery

LOCATION (City, town, or county) (State): Pinesburg Md.

DATE REC'D BY LOCAL REGISTRAR July 19-1955

REGISTRAR'S SIGNATURE E. Mc [illegible]

24. FUNERAL DIRECTOR Albert L. Leaf ADDRESS Williamsport Md.

7112 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07117

Dr. E.W.Ditto,Jr. **CERTIFICATE OF DEATH** Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 30 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 82 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 520 Summit Ave. 1

3. NAME OF DECEASED: (Type or Print) (First) HENRY (Middle) CLIFTON (Last) BENNETT

4. DATE OF DEATH: (Month) July (Day) 25, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 20, 1887

9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor W. Md. RR-Retired

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Charlestown, W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James L. Bennett

14. MOTHER'S MAIDEN NAME: Ella Pope

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) — — — —

16. SOCIAL SECURITY NO. 705-10-8248

17. INFORMANT & ADDRESS: James W. Bennett

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
IMMEDIATE CAUSE (A) Cerebral embolism Heart Trouble — INTERVAL BETWEEN ONSET AND DEATH 1 yr

ANTECEDENT CAUSE (B) DUE TO Coronary Sclerosis — 1/2 hr

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-25, 1955, to 7-25-, 1955, that I last saw the deceased alive on 7-27-55, 1955, and that death occurred at 1:40 P.M., from the causes and on the date stated above.

SIGNATURE A. W. Ditto Jr. M. D. ADDRESS Hagerstown Md DATE SIGNED 7/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 7-28-55 — NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery — LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR July 28 1955 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman-Hagerstown, Md.

7151

07118

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Item 8, Film C184 8-4-55 et

Reg. Dist. No. 20-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK — Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Williamsport, Md.; LENGTH OF STAY (in this place) 5 yrs 10 mos; HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport Sanitarium 90 154 N. Antigan St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Chambersburg Pa. COUNTY FRANKLIN Co PA.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 787 Broad St. 75 x 3; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) H. (Last) BETZ

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widower

8. DATE OF BIRTH: Dec. 26, 1887 1868 87

9. AGE last birthday: 87 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroader

10b. KIND OF BUSINESS OR INDUSTRY: PA. R.R. Co

11. BIRTHPLACE (State or foreign country): Chambersburg, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ernest Betz

14. MOTHER'S MAIDEN NAME: Catherine Doetchel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Mrs Arlington Hollar

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 491X Bronchopneumonia — Interval between onset and death: 10 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Vascular Accident 9yrs

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 April, 1955, to 23 July, 1955, that I last saw the deceased alive on 22 July, 1955, and that death occurred at 5:20 pm., from the causes and on the date stated above.

SIGNATURE (Degree or title) Lewis Hall M.D. ADDRESS Williamsport Md DATE SIGNED 23 July 1955

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL | DATE THEREOF JULY 26, 1955 | NAME OF CEMETERY OR CREMATORY CEDAR GROVE | LOCATION (City, town, or county) CHAMBERSBURG, PA (State)

DATE REC'D BY LOCAL REG. July 25, 1955 | REGISTRAR'S SIGNATURE E. Lee McElroy

24. FUNERAL DIRECTOR C. M. SUTER & SONS ADDRESS Hag Md

VS. A15

7113

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

07119

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 82 Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) 739 Virginia Ave. 1

3. NAME OF DECEASED: (Type or Print) (First) FREDERICK (Middle) WILLIAM (Last) BOWER

4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: December 29, 1865

9. AGE last birthday 89 yrs. IF UNDER 1 YEAR Months 6 Days 20 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never "retired") City Water Department Ret.

10B. KIND OF BUSINESS OR INDUSTRY: City Of Hagerstown

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Conrad Bower

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mrs. Carl E. Long Hagerstown, Maryland

18. MEDICAL CERTIFICATION

DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 331X (A) acute cerebral hemorrhage — 10min

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 904.9 (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fractured(closed)neck rt femur — 9d

19A. DATE OF OPERATION: 7-13-55 | 19B. MAJOR FINDINGS OF OPERATION: nail pinning operation neck rt femur | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-10-55 4:30P. M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☒ | 21F. HOW DID INJURY OCCUR? fell on floor at home

22. I hereby certify that I attended the deceased from 7-10, 1955, to 7-19, 1955, that I last saw the deceased alive on 7-18, 1955, and that death occurred at 8:10 A M, from the causes and on the date stated above.

SIGNATURE S. Rolen Wells M.D. ADDRESS 115 N. Potomac St- Hag. Md DATE SIGNED July 19 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 7/21/55 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR July 20, 1955 | REGISTRAR'S SIGNATURE Chas H Bowers | 24. FUNERAL DIRECTOR C. M. Suter & Sons Hagerstown, ADDRESS Maryland

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

117120

MARYLAND STATE DEPARTMENT OF HEALTH

7114

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY WASHINGTON; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN; LENGTH OF STAY IN THIS PLACE (If hospital or institution) MARYLAND 45 YRS.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 315 BELVIEW AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND WASHINGTON; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN; STREET ADDRESS (If rural, give location) 315 BELVIEW AVE.

3. NAME OF DECEASED (Type or Print): (First) AMY (Middle) ELIZABETH (Last) BROOM

4. DATE OF DEATH: (Month) JULY (Day) 17 (Year) 19 55

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 3/28/1903

9. AGE last birthday: 52 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STORE KEEPER

10b. KIND OF BUSINESS OR INDUSTRY: AIRCRAFT CO.

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: HUBERT W. ROUTZAHN

14. MOTHER'S MAIDEN NAME: MARY ALICE FIRESTONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 214-09-3728

17. INFORMANT AND ADDRESS: MR. LUTHER W. BROOM HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) .....

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) acute coronary thrombosis (sudden death)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide , undetermined ☐.*

SIGNATURE L. Robert Nello (Degree or title) M.D. ADDRESS 115 N. Potomac St- Hagerstown, Md. DATE SIGNED 7-18-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 7/19/55 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REG. July 18, 1955 | REGISTRAR'S SIGNATURE Thomas H. Bowers | 24. FUNERAL DIRECTOR W. J. Nusbaum ADDRESS Hagerstown Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07121

7115

Dr Poole

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 15 Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 842 Broadhurst Road ✓

3. NAME OF DECEASED: (First) FRANK (Middle) JAY (Last) BULLARD
4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widower	Sept 9 1873	81 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman Retired	Stalfort Co.	Wellsboro Pa.	USA

13. FATHER'S NAME: Maseen A. Bullard
14. MOTHER'S MAIDEN NAME: Mary Etta Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
No	218-09-6647	Frank Landrus Bullard

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 IMMEDIATE CAUSE	(A) Coronary Occlusion	48 hrs.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Cardio vascular renal disease	6 mo.
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/15, 19 55, to 7/24, 19 55, that I last saw the deceased alive on 7/23, 19 55, and that death occurred at 9:30 A M, from the causes and on the date stated above.

SIGNATURE Ernest F Poole M.D. ADDRESS DATE SIGNED July 25 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/27/55	Rest Haven Cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 25, 1955	C Hasth Bowers	Andrew K. Coffman	Hagerstown Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

7152

07122 Reg. Dist. 38

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.
LENGTH OF STAY (In this place) 72 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Byrons Pannery

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Williamsport Md.
STREET ADDRESS (If rural, give location) 24 E. Fredrick Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Edward	Byers	July	27	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	April 17 1903	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Supv. of Finishing Dept.	Pannery	Williamsport Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Byers	Bessie Sterling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No No	214-30-2059	24 E. Fredrick St. Mrs. William Byers Williamsport Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Vascular Hyperteneion	
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	acute coronary occ lusion	10 min
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑
none		

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
None M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert Wells M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 7/29/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 30-55	Greenlawn Cemetery	Williamsport Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 29-55	C Lee McElroy	Edith V. Leaf	Williamsport Md.

7116

07123

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Wash. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 5 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 125 E. Washington St.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day)	(Year)
James	Edwin	Canan	July 27	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	single	April 10, 1942	13 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
student	Jr. High School	Cumberland, Md.	

13. FATHER'S NAME: Thomas E. Canan

14. MOTHER'S MAIDEN NAME: Pauline B. Randall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	no	Pauline B. Canan, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) 813X	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) fractured skull hemorrhage & shock	15 min
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County)	(State)
		Hagerstown Wash.	Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 7-27 - '55 6:50 M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
		Riding Bicycle and struck by auto

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. Robert Wells M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	7-30-55	Zion Memorial Park	Cumberland, Md. 7.29.55

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 29 1955	[illegible] Howard	Scott F. Minnich & Son,	Hagerstown

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFALING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07124

711

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH.
COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
MARYLAND LENGTH OF STAY (In this place) 65 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 38 Wayside Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 38 Wayside Ave.

3. NAME OF DECEASED: (Type or Print) (First) NELLIE (Middle) CORDELIA (Last) CHRISSINGER

4. DATE OF DEATH: (Month) July (Day) 7 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: December 2, 1879

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months 7 Days 5 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Librarian

10B. KIND OF BUSINESS OR INDUSTRY: Washington County Free Library

11. BIRTHPLACE (State or foreign country) Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Martin Luther Chrissinger

14. MOTHER'S MAIDEN NAME: Grace L. Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Miss. Mary Chrissinger Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) DUE TO	[redacted] Intestinal Obstruction	4 mo.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	(B) DUE TO	Carcinoma of colon	8 mo
	(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None.

19A. DATE OF OPERATION: Dec. 10, 54

19B. MAJOR FINDINGS OF OPERATION: Carcinoma of colon.

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 23, 1954, to July 7, 1955, that I last saw the deceased alive on July 7, 1955, and that death occurred at 10:50 AM, from the causes and on the date stated above.

SIGNATURE M. D. Floyd A. Hoffman ADDRESS 214 N. Potomac St. Hagerstown, Md. DATE SIGNED 7/7/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 7/9/55

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR July 8, 1955

REGISTRAR'S SIGNATURE Ethel K. Coward

24. FUNERAL DIRECTOR C. M. Suter & Sons ADDRESS Hagerstown, Maryland

07125

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7119 Items 8,9, Film 184 7-25-55 at

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH.
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 02 Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 235 Summit Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 235 Summit Ave.,

3. NAME OF DECEASED: (Type or Print) (First) Jessie (Middle) D (Last) Clark

4. DATE OF DEATH: (Month) 7 (Day) 18 (Year) 1955

5. SEX male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed | 8. DATE OF BIRTH: Unknown | 9. AGE last birthday: (Estimated) 71 unknown yrs. | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10B. KIND OF BUSINESS OR INDUSTRY: himself
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Pless Clark
14. MOTHER'S MAIDEN NAME. Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Jessie Clark Jr. Pulaski, Va.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
443X IMMEDIATE CAUSE	(A) Malnutrition,	2 wks
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Pneumonitis, hypostatic.	3 wks
	DUE TO (C) Hypertensive CVD	indef
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1954 to 7-18 1955, that I last saw the deceased alive on 7-15 1955, and that death occurred at 4 AM, from the causes and on the date stated above.
SIGNATURE Robert T. Weadle M. D. ADDRESS Hagerstown DATE SIGNED 7-18-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial | DATE THEREOF 7-21-55 | NAME OF CEMETERY OR CREMATORY Oakwood Cemetery | LOCATION (City, town, or county) Pulaski (State) Va.

DATE REC'D BY LOCAL REGISTRAR July 19, 1955 | REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Fred W. Kraiss ADDRESS Hagerstown, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07126

7119

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown C3
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown C3
STREET ADDRESS (If rural give location) 606 N. Prospect St., 1

3. NAME OF DECEASED: (Type or Print) (First) Lee (Middle) Arthur (Last) Crabtree

4. DATE OF DEATH: (Month) 7 (Day) 13 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: June 18, 1907

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): guard

10B. KIND OF BUSINESS OR INDUSTRY: Fairchild Aircraft

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John R. Crabtree

14. MOTHER'S MAIDEN NAME: Emeline D. Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no

16. SOCIAL SECURITY NO. 220-18-0447

17. INFORMANT & ADDRESS: Mrs. Mary Crabtree Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 570.2 (A) DUE TO Massive Mesenteric Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 5½ hours

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 7-12-55

19B. MAJOR FINDINGS OF OPERATION: See above

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-10 1955, to 7-13 1955, that I last saw the deceased alive on 7-12 1955, and that death occurred at 3:30 A M, from the causes and on the date stated above.

SIGNATURE M. Leif P. Conrad, M.D. ADDRESS M. D. Hagerstown, Md. DATE SIGNED 7-13-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial | DATE THEREOF 7-16-55 | NAME OF CEMETERY OR CREMATORY Green Ridge | LOCATION (City, town, or county) (State) Picardy Md.

DATE REC'D BY LOCAL REGISTRAR July 13, 1955 | REGISTRAR'S SIGNATURE Ethel H. Bowers

24. FUNERAL DIRECTOR ADDRESS Fred W. Kraiss Hagerstown, Md.

07127

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7120

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY: WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN
LENGTH OF STAY (in this place): 45 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 247 WEST SIDE AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN
STREET ADDRESS (If rural give location): 247 WEST SIDE AVENUE

3. NAME OF DECEASED: (Type or Print) (First) AUDREY (Middle) CATHERINE (Last) CRIST

4. DATE OF DEATH: (Month) 7 (Day) 7 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	WHITE	DIVORCED	AUGUST 25, 1889	65 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWORK	OWN HOME	PENNA.	U.S.A.

13. FATHER'S NAME: CHARLES HOWER

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
NO		LOST	MRS. MILDRED FAULDER — 247 WEST SIDE HAGERSTOWN, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE: 420.1 (A) Vascular hypertension — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arterio sclerotic coronary heart disease

DUE TO (C) coronary thrombosis — 20 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, street, office bldg., etc) OF INJURY	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Aug 18, 1953, to July, 1955 that I last saw the deceased alive on July 2, 1955, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE: S. Robert Wells, M.D. — ADDRESS: 115 N. Potomac St-Hagerstown, Md — DATE SIGNED: 7-8-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	7/10/55	REST HAVEN	HAGERSTOWN MD.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 8, 1955	Chas. H. Bowers	FRED W. KRAISS	HAGERSTOWN, MD.

7153 07128

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 300

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. View Cemetery

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE West Va. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Charlestown
STREET ADDRESS (If rural, give location) 208 E. Washington St.

3. NAME OF DECEASED: (Type or Print) (First) Hayes (Middle) Rohrback (Last) Cronise

4. DATE OF DEATH (Month) July (Day) 13 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 5 1877

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months 4 Days 8 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Ret'd Mail Carrier US Gov.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sharpsburg Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wilbur [redacted] in F. Cronise

14. MOTHER'S MAIDEN NAME: Harriet [redacted] Rohrback

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 236-03-0837

17. INFORMANT & ADDRESS: Mr. Robert Cronise Birmingham, Mich.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

176X
Immediate cause (a) Gun shot wound into skull (.22 revolver) — Interval between onset and death: about 5 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: //

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) Sharpsburg (County) Washington (State) Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 7-13-55 11 A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☑

21f. HOW DID INJURY OCCUR? Shot self in rt. temporal region

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☑, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. Robert Mello M.D. M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑
DATE SIGNED 7-15-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | **DATE THEREOF** July 16-55 | **NAME OF CEMETERY OR CREMATORY** Mt. View Cemetery | **LOCATION** (City, town, or county) (State) Sharpsburg Md.

DATE REC'D BY LOCAL REG. 7-21-55 | **REGISTRAR'S SIGNATURE** Elmer J. Boyer

24. FUNERAL DIRECTOR Albert L. Leaf **ADDRESS** Williamsport Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

07129

7154

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 3[illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL SHARPSBURG
LENGTH OF STAY (in this place) 5 HOURS
HOSPITAL OR INSTITUTION OR STREET ADDRESS POTOMAC RIVER Nr. SHARPSBURG

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural, give location) 703 FORREST DRIVE

3. NAME OF DECEASED (Type or Print): (First) RAYMOND (Middle) EDWARD (Last) CUSTER
4. DATE OF DEATH: (Month) 7 (Day) 3 (Year) 19 55
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: MAY 18, 1935
9. AGE last birthday: 20 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SHIPPING CLERK
10b. KIND OF BUSINESS OR INDUSTRY: SHIRT FACTORY
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: WILLIAM A. CUSTER
14. MOTHER'S MAIDEN NAME: RUTH M. SMITH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-30-9032
17. INFORMANT AND ADDRESS: WILLIAM A. CUSTER — 703 FORREST DRIVE HAGERSTOWN, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 929.8

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Suffocation by Drowning

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Potomac River
(CITY OR TOWN): Near Sharpsburg, Md
(COUNTY): Wash
(STATE): MD
TIME OF INJURY: (Month) 7 (Day) 3 (Year) 55 (Hour) 4:30P m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Drowned while trying to swim to shore

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): L. Robin Wells M.D. DEPUTY MEDICAL EXAM WASH. CO., MD.
ADDRESS: Hagerstown, Md.
DATE SIGNED: July 4 '55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: 7/7/55
NAME OF CEMETERY OR CREMATORY: ROSE HILL CEMETERY
LOCATION (City, town, or county): HAGERSTOWN, (State): MD.

DATE REC'D BY LOCAL REGISTRAR: July 18, 1955
REGISTRAR'S SIGNATURE: Elmer G. Boyer
24. FUNERAL DIRECTOR: FRED V. ARGISS
ADDRESS: HAGERSTOWN MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07130

7155

CERTIFICATE OF DEATH

Reg. Dist. No. 305

DR. WADE

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X BOONSBORO
LENGTH OF STAY (in this place) 11 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 S. MAIN ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BOONSBORO X
STREET ADDRESS (If rural give location) S. MAIN ST. /

3. NAME OF DECEASED: (Type or Print) (First) HARVEY (Middle) CLAYTON (Last) DAVIS

4. DATE OF DEATH: (Month) JULY (Day) 30 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: SEPT 18 1875

9. AGE last birthday: 79-10-12 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): RETIRED SUPERINTENDENT OF CEMETERY

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): FAIRPLAY WASH. CO. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DAVID DAVIS

14. MOTHER'S MAIDEN NAME: PRUDENCE CASTLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-24-5826

17. INFORMANT & ADDRESS: MRS. LOLA DAVIS BOONSBORO MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

451 X

IMMEDIATE CAUSE (A) Abdominal Aneurysm (Thrombus) — INTERVAL BETWEEN ONSET AND DEATH: Rule

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 2[illegible], 19[illegible], to July 30, 19[illegible], that I last saw the deceased alive on July 30, 19[illegible], and that death occurred at [illegible] P. M., from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Boonsboro Md. DATE SIGNED 8.1.[illegible]

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL | DATE THEREOF: AUG. 2. 1955 | NAME OF CEMETERY OR CREMATORY: BOONSBORO CEMETERY | LOCATION (City, town, or county) (State): BOONSBORO WASH. CO. MD.

DATE REC'D BY LOCAL REGISTRAR: Aug. 2, 1955 | REGISTRAR'S SIGNATURE: John W. Bast

24. FUNERAL DIRECTOR: WM. F. BAST AND SONS ADDRESS: BOONSBORO MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07131

7121

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH. Washington
COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
MARYLAND
LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 478 Mitchell Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown C3
STREET ADDRESS (If rural give location) 478 Mitchell Ave.

3. NAME OF DECEASED: (Type or Print) (First) Ernest (Middle) (Last) DeFelice

4. DATE OF DEATH (Month) 7 (Day) 14 (Year) 19 55

5. SEX Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH 4/12/1876

9. AGE last birthday 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10B. KIND OF BUSINESS OR INDUSTRY: cement

11. BIRTHPLACE (State or foreign country): Aquilano, Italy

12. CITIZEN OF WHAT COUNTRY? Italy ✓

13. FATHER'S NAME: Felippo DeFelice

14. MOTHER'S MAIDEN NAME: Maria G. Pattela

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Ralph Turner Hag. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X

IMMEDIATE CAUSE (A) DUE TO Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH 1 yr

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO Metastasis to Bone

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 5, 1953, to 7/14, 1955, that I last saw the deceased alive on 7/13, 1955, and that death occurred at 2 10 P M, from the causes and on the date stated above.

SIGNATURE Robert V. h Camp bell M. D. ADDRESS Hag. Town DATE SIGNED 7/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial

DATE THEREOF 7/18/55

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR July 15, 1955

REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR Scott F. Linnich & Son

ADDRESS Hag. Md.

07132

MARYLAND — **STATE DEPARTMETT OF HEALTH**

7122

CERTIFICATE OF DEATH

Reg. Dist. No. 302

DR. HAUVER

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: WASHINGTON — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN
LENGTH OF STAY (in this place): 5 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: WASH. Co. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MIDDLETOWN 10X-2
STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) EDWARD (Last) DUBEL

4. DATE OF DEATH: (Month) JULY - (Day) 22 - (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: MAY 12 1878

9. AGE last birthday: 77-2-10 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: FARM

11. BIRTHPLACE (State or foreign country): WOLFSVILLE FRED. Co. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JACOB DUBEL

14. MOTHER'S MAIDEN NAME: CHARLOTTE RENNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO. (If year, give war or dates of service):

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: ALVEY DUBEL, BOONSBORO MD. R.1.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause: 561.0 (a) Arteriosclerotic Heart Disease — ?

Antecedent cause(s): (a) Myocardial Failure & Pulmonary Edema

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) ..... (c) Strangulated Inguinal Hernia, Rt. — 2 days.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 20, 1955 — 19b. MAJOR FINDINGS OF OPERATION: Strangulated Inguinal Hernia, Rt.

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19, 1955, to July 22, 1955, that I last saw the deceased alive on July 22, 1955, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Roland J. Hauver M.D. — ADDRESS: Hagerstown, Md — DATE SIGNED: July 23 55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: JULY-25-1955 — NAME OF CEMETERY OR CREMATORY: BOONSBORO CEMETERY — LOCATION (City, town, or county) (State): BOONSBORO WASH. Co. MD.

DATE REC'D BY LOCAL REG.: July 23, 1955 — REGISTRAR'S SIGNATURE: Blair H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: WM. F. BAST AND SONS BOONSBORO MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07133

7123

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 63 E. Antietam St.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) O (Last) Fearnow

4. DATE OF DEATH. (Month) July (Day) 9 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Sept 9, 1871

9. AGE last birthday 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Morgan Co. W. Va.

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: John W. Fearnow

14. MOTHER'S MAIDEN NAME: Jane Hovermale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-16-0342 A

17. INFORMANT & ADDRESS: Norma B. Fearnow 63 E. Antietam St. Hagerstown, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
332X IMMEDIATE CAUSE	(A) Cardiovascular Collapse	hrs.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	DUE TO (B) Cerebral Thrombosis	2 weeks
	DUE TO (C) Arteriosclerosis	yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June , 1955, to July 9 , 1955, that I last saw the deceased alive on July 9 , 1955, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE Leo S. Smith M. D. ADDRESS 119 E. Antietam St. DATE SIGNED 7/11/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 7/12/55 NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 12, 1955 REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR Rest Haven Funeral Chapel Inc. ADDRESS Hagerstown, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07134

715c

CERTIFICATE OF DEATH

Reg. Dist. No. 3

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sharpsburg
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sharpsburg
STREET ADDRESS (If rural give location) Main Street

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Kyle (Last) Fisher

4. DATE OF DEATH: (Month) July (Day) 3, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Jan. 16, 1864

9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR: Months 5 Days 17 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Sharpsburg, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Lakin

14. MOTHER'S MAIDEN NAME: Amanda Porter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Edwin S. Fisher Sharpsburg, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

155X

IMMEDIATE CAUSE (A) Carcinoma of the gall bladder — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2 Yrs. ago

19B. MAJOR FINDINGS OF OPERATION: Ca. of gallbladder

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1953 to 7/3., 19.55; that I last saw the deceased alive on July 3., 19.55 and that death occurred at 11 PM, from the causes and on the date stated above.

SIGNATURE W. H. Shadrach M. D. ADDRESS Sharpsburg, Md. DATE SIGNED 7/5/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 7/6/55 NAME OF CEMETERY OR CREMATORY Mt. View Cemetery LOCATION (City, town, or county) (State) Sharpsburg, Md.

DATE REC'D BY LOCAL REGISTRAR 7-6-1955 REGISTRAR'S SIGNATURE Edgar Bruce

24. FUNERAL DIRECTOR Edith V. Leaf ADDRESS Williamsport, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07135

CERTIFICATE OF DEATH

7124

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 43 E. Washington St

LENGTH OF STAY (in this place): 30 Yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland Washington COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown Maryland.

STREET ADDRESS (If rural give location): 43. E. Washington St.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Cora	May	Ford	7	13	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	W	Single	Dec. 11. 1889	65 yrs.	7	2		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
House Keeper	House Keeper	Bedford County Penna.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
B. M Ford	Elizabeth Leighty

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No / No	None	Mrs Ruth E Long 43 E. Washington St Hagerstown Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause 4437	(a) Hypertension Cardio. Vascular Disease	(?)
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Chronic arthritis. —	(?)
	DUE TO (c) —	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	0	

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0	0	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
0	0	0		0

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
0				0	0

22. I hereby certify that I attended the deceased from Jan / 1957, to 7/13/1955, that I last saw the deceased alive on 7/12, 1955, and that death occurred at 7:30 AM from the causes and on the date stated above.

SIGNATURE (Physician) Victor D. Miller — ADDRESS DR. VICTOR D. MILLER HAGERSTOWN, MD. — DATE SIGNED July 1955

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7.15.55	Robinsville Cemetery	Robinsville Bedford Penna.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 15, 1955	Chas H. Towers	Howard J. Grove	Hancock Md.

7125 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07136

Dr. Hornbaker

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 217 North Mulberry St. 1

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) ELIZABETH (Last) GABLE

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: sept. 25, 1885
9. AGE last birthday 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Shippensburg, Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Herman Schellhase
14. MOTHER'S MAIDEN NAME: Rebecca Schellhase

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or, unk.) NO (If Yes, give war or dates of service) — — — —
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs. Helen R. Oster

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 IMMEDIATE CAUSE — (A) Cerebral Thrombosis, multiple — INTERVAL BETWEEN ONSET AND DEATH: about 1 mo.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertensive-arteriosclerotic heart dis — 7 to 9 yrs.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/13, 1945, to 7-8, 1955, that I last saw the deceased alive on 7-7, 1955, and that death occurred at 2 A.M, from the causes and on the date stated above.

SIGNATURE John H Hornbaker — ADDRESS M. D. 154 W. Washington St. Hagerstown, Md. — DATE SIGNED 7-8-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 7-11-55 — NAME OF CEMETERY OR CREMATORY Cedar Grove Cemetery — LOCATION (City, town, or county) (State) Chambersburg, Penna.

DATE REC'D BY LOCAL REGISTRAR July 11, 1955 — REGISTRAR'S SIGNATURE C Nash Bowers

24. FUNERAL DIRECTOR — ADDRESS Andrew K. Coffman-Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 071 27301

7157

CERTIFICATE OF DEATH

Reg. Dist. No. 440

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X

LENGTH OF STAY (in this place): 2mo. 6days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Williamsport Sanitarium, 154 N. Artizan St.

2 USUAL RESIDENCE (HOME) OF DECEASED:

STATE — COUNTY Frederick

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woods Boro, Jefferson, Maryland

STREET ADDRESS (If rural give location): 10X 2 V

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Raymond	Sheeley	Gilbert	July	22	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	widower	Jan 25, 1880	75 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
	Janitor	Woodsboro, Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Simon Gilbert	Elizabeth Sheeley

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No		215-18-2913	Mr. Kenneth L. Gilbert, Jefferson, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Cerebral Vascular accident — Interval Between Onset And Death: 2 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Diabetes Mellitus — 3 yrs.+

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/16, 1955, to 22 July, 1955, that I last saw the deceased alive on 21 July 1955, and that death occurred at 6:15 P.M., from the causes and on the date stated above.

SIGNATURE: Albert Hack M.D. — (Degree or title) — ADDRESS: Williamsport, Md. — DATE SIGNED: 22 July 55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/24/1955	Mt Hope	Woodsboro, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 24/55	L O Poole, Emma Lee McElroy	J.C. Barton, Walkersville,	Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07138

715°

CERTIFICATE OF DEATH

Reg. Dist. No. 307

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Hagerstown
LENGTH OF STAY (In this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Yarrowsburg X
STREET ADDRESS (If rural, give location) Box 64, R.F.D. #1, Knoxville, Md.

3. NAME OF DECEASED: (First) MAURICE (Middle) (None) (Last) HANES
4. DATE OF DEATH: (Month) July (Day) 13, (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 15, 1884
9. AGE last birthday: 71 yrs.
IF UNDER 1 YEAR: Months 3 Days 27 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Railroad Yard
11. BIRTHPLACE (State or foreign country): Warren County, Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joshua A. Hanes
14. MOTHER'S MAIDEN NAME: Bertie Bagley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: 705-10-4190
17. INFORMANT & ADDRESS: Mrs. Susie Hanes Box 64, R.F.D. #1, Knoxville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
420.1	Immediate cause	(a) Coronary Occlusion with Infarct	4 hrs
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Coronary Occlusion & Sclerosis	16 mo
		DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma Segmiad — 2410

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/6, 1955, to 7/13, 1955, that I last saw the deceased alive on 7/12, 1955, and that death occurred at 6:38 A.m., from the causes and on the date stated above.

SIGNATURE A. Lambert Brice (DEGREE OR TITLE) M.D. ADDRESS Jefferson Md DATE SIGNED 7/13/55

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 7/17/55
NAME OF CEMETERY OR CREMATORY: Brethren Cemetery
LOCATION (City, town, or county) (State): Brownsville, Maryland

DATE REC'D BY LOCAL REG. 7/14/1955
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR J. Donald Eckles
ADDRESS [illegible]

Countersigned
D.W.E. Wells, M.D. 7.3.55
S. Robert Wells, M.D. 7.3.55

07139

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
CERTIFICATE OF DEATH

Dr. Hoffman

Reg. Dist. No. 302

1. PLACE OF DEATH.
COUNTY Washington 7125 MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
LENGTH OF STAY (in this place) 10 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) 16 West Side Ave. 1

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) ROWLAND (Last) HARBAUGH

4. DATE OF DEATH: (Month) July (Day) 1, (Year) 19 55

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Oct 4, 1862
9. AGE last birthday 92 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Console Builder
10B. KIND OF BUSINESS OR INDUSTRY: M. P. Moller
11. BIRTHPLACE (State or foreign country): Sabillasville, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hiram Harbaugh
14. MOTHER'S MAIDEN NAME: Anna M. Williard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) — — — —
16. SOCIAL SECURITY NO. 220-16-3431
17. INFORMANT & ADDRESS: Mrs. Elva Barnhill 16 West Side Ave

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
IMMEDIATE CAUSE (A) Bronchopneumonia. — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerotic Heart Disease — yrs.
1904.91
DUE TO (C) Arteriosclerosis - Generalized — yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture Rt. hip. — 11 days

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20, 19 55 to July 1, 19 55, that I last saw the deceased alive on June 30, 1955, and that death occurred at 12:30 AM, from the causes and on the date stated above.

SIGNATURE Chas. A. Hoffman M. D.
ADDRESS 214 N. Potomac St. Hagerstown, Md.
DATE SIGNED 7/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7-3-55
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR July 5, 1955
REGISTRAR'S SIGNATURE Chas. H. Rauers.
24. FUNERAL DIRECTOR ADDRESS c/o Andrew K. Coffman-Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07140

7159

CERTIFICATE OF DEATH

Reg. Dist. No. 306

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Smithsburg
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS (If not in hospital) Maple Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smithsburg X
STREET ADDRESS (If rural give location) Maple Ave.

3. NAME OF DECEASED: (Type or Print) (First) Leonard (Middle) Theadore (Last) Haynes

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: April 7, 1911

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10B. KIND OF BUSINESS OR INDUSTRY: Tool Co.

11. BIRTHPLACE (State or foreign country): Rohrersville, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David C. Haynes

14. MOTHER'S MAIDEN NAME: Clara A. Poffenberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WWII

16. SOCIAL SECURITY NO. 220-16-1492

17. INFORMANT & ADDRESS: Dorothy C. Haynes, Smithsburg, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1-2 Hrs.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/5 ., 19 54, to 7/24., 1955, that I last saw the deceased alive on 7/24 ., 1955, and that death occurred at 2:00 A M, from the causes and on the date stated above.

SIGNATURE Charles F. Hess ADDRESS M. D. Smithsburg, Md. DATE SIGNED 7/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): burial — DATE THEREOF: 7-27-55 — NAME OF CEMETERY OR CREMATORY: Pleasant View Cem. — LOCATION (City, town, or county) (State): Rohrersville, Md.

DATE REC'D BY LOCAL REGISTRAR July 26-55 — REGISTRAR'S SIGNATURE Alice W. Ferguson

24. FUNERAL DIRECTOR: Scott F. Minnich & Son — ADDRESS: Smithsburg

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07141

7127 **CERTIFICATE OF DEATH** Dr Miller 302 Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 4 Mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Martin Manor

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 719 Salem Ave

3. NAME OF DECEASED: (Type or Print) (First) MABEL (Middle) ALICE (Last) HUBER

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow
8. DATE OF BIRTH: June 27 1880
9. AGE last birthday: 75 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Winchester Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: No Record
14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs Mary Clingan 316 W. Wilson Blvd

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Generalized arterio-Sclerosis (?)
(C) ✓

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ✓

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION 0
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 0
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 0
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) 0 M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from July 23 1955 to July 23 1955, that I last saw the deceased alive on July 23, 1955, and that death occurred at 9 P. M, from the causes and on the date stated above.
SIGNATURE Victor D. Miller M. D. ADDRESS 131 W. WASHINGTON HAGERSTOWN, MD. DATE SIGNED July 24-1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7/26/55
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) Hagerstown Md. (State)

DATE REC'D BY LOCAL REGISTRAR July 25, 1955
REGISTRAR'S SIGNATURE C Chas H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 117142

7128

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Smithsburg, Md. Rural
STREET ADDRESS (If rural give location) R 1

3. NAME OF DECEASED: (Type or Print) (First) Jennie (Middle) M. (Last) Kuhn

4. DATE OF DEATH: (Month) July. (Day) 4, (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Dec. 22, 1876

9. AGE last birthday 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Bowman

14. MOTHER'S MAIDEN NAME: Elizabeth Warner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Kenneth Willard Highfield, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 431X

(A) DUE TO Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/15, 19 55 to 7/4, 19 55, that I last saw the deceased alive on 7/3, 19 55, and that death occurred at 2:45 M, from the causes and on the date stated above.

SIGNATURE Charles F. Hess M. D. ADDRESS Smithsburg DATE SIGNED Md 7/5/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 7/6/55 — NAME OF CEMETERY OR CREMATORY United Brethern Cem. — LOCATION (City, town, or county) Pleasant Valley Wash. Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 6, 1955 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR M. L. Creager and Son — ADDRESS Thurmont, Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7123

07143

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown; MARYLAND LENGTH OF STAY (in this place) 7 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; STREET ADDRESS (If rural give location) 110 Allen Ave

3. NAME OF DECEASED: (Type or Print) First: Gladys (Middle): Teresa (Last): Lauricella

4. DATE OF DEATH (Month) 7 (Day) 3 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 3/11/1911

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR Months / IF UNDER 24 HRS Days / Hours / Min

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary

10B. KIND OF BUSINESS OR INDUSTRY: industrial mfg.

11. BIRTHPLACE (State or foreign country): Lynn Mass.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Foglietta

14. MOTHER'S MAIDEN NAME: Mary DePaulos

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 011-01-9817

17. INFORMANT & ADDRESS: Frank Lauricella Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

IMMEDIATE CAUSE (A) DUE TO Carcinoma of colon Extension to liver — INTERVAL BETWEEN ONSET AND DEATH: 6 Months

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Carcinoma of colon - Ex Lapy

19A. DATE OF OPERATION: June 20. 1951

19B. MAJOR FINDINGS OF OPERATION: Adenocarcinoma Colon & Liver

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? City or town (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 7, 1955, to July 3, 1955, that I last saw the deceased alive on 7-3-55, 19, and that death occurred at 4:30 P M, from the causes and on the date stated above.

SIGNATURE H. B. Campbell M.D. 7/3-55 ADDRESS Hagerstown DATE SIGNED July. 5/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 7-6-55

NAME OF CEMETERY OR CREMATORY: St. Joseph Catholic Ceme.

LOCATION (City, town, or county) Lynn Mass. (State)

DATE REC'D BY LOCAL REGISTRAR: July 5, 1955

REGISTRAR'S SIGNATURE: Elliott Bowers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son

ADDRESS: Hag. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07144

7167

CERTIFICATE OF DEATH

Reg. Dist. No. 304

1. PLACE OF DEATH:

COUNTY Washington MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hancock Md. X

LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland Washington COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hancock Md. X

STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Roy	James	Leach Sr	7.	5	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	W	Married	May 3 1895	60 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Orchard Labor	Orchard Labor	W.V.A.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles O Leach	Catherine Sirbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	No	235-14-2099	Mrs Minnie Leach Rural 1 Hancock Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

241X

Immediate cause (a) ..... Chronic myocarditis — Interval Between Onset And Death: 2yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ..... Bronchial Asthma

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 1955, to ....., 19.., that I last saw the deceased alive on ....., 19.., and that death occurred at July 5 - 1:15 AM, from the causes and on the date stated above.

SIGNATURE Dr M Shaffer M D (Degree or title) ADDRESS Hancock md DATE SIGNED 7/7/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7.10.55	Woodrow Cemetery	Paw Paw W.V.A

DATE REC'D BY LOCAL REGISTRAR July 9 1955 REGISTRAR'S SIGNATURE J A Fidler

24. FUNERAL DIRECTOR Howard J Grove ADDRESS Hancock md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

7130 Dr Wells 07145

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) ---
HOSPITAL OR INSTITUTION OR STREET ADDRESS En Route to the Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural, give location) 900 Spruce St.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
FRED	McCLELLAN	LONG	July 15 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widower	Jany 19 1886	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Superintendent Was. County Home Retired		Downsville Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
McClellan Long	Agnes Line

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO:	17. INFORMANT & ADDRESS:
No ------	217-18-7298	Ralph L. Long 900 Spruce St Hagerstown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
42.2.1 Immediate cause	(a)	.....
DUE TO	arterio sclerotic myocardial heart disease	5 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) Lower nephron-syndrome	48hrs.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. mentally Ill

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
— —	—	

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY None M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. Robert Wells M.D. M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 7.13.55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/15/55	Rest Haven Cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
July 15, 1955	Ethel M. Bowers	Andrew K. Cof[illegible]n Hagerstown Md

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07146

7131

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:

COUNTY: Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown

LENGTH OF STAY (in this place): 8 hours

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY: Wash.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown

STREET ADDRESS (If rural give location): 550 Highland Way

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year)
Willie Edgar Martin	July 31 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH.	9. AGE last birthday IF UNDER 1 YEAR Months	IF UNDER 24 HRS Days	Hours	Min.
Male	White	Married	September 19, 1883	71 yrs	10	12	

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	10B. KIND OF BUSINESS OR INDUSTRY.	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Gen. Storekeeper	W. M. R. R. Co.	Taneytown, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John A. Martin	Sarah J. Bower

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS.
no	705-10-5675	Miss H. Jane Martin, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSE (B) DUE TO: Coronary Arteriosclerosis — Unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO:

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 1946, 19 , to 7/31/55, 19 , that I last saw the deceased alive on 7/31, 1955, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

SIGNATURE: Earl Young, M.D. ADDRESS: Hagerstown, Md. DATE SIGNED: 8/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-3-1955	Reformed Church Cem.	Taneytown, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 3, 1955	Chas. H. Bowers	C. M. Suter & Sons, Hagerstown, Md.	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07147

CERTIFICATE OF DEATH

7132 Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 68 Devonshire Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 68 Devonshire Rd

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) (Last) McAllister

4. DATE OF DEATH: (Month) 7 (Day) 26 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: May 9, 1897 | 9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer | 10B. KIND OF BUSINESS OR INDUSTRY: Agriculture | 11. BIRTHPLACE (State or foreign country): Washington Co, Md. | 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John W. McAllister | 14. MOTHER'S MAIDEN NAME: Georgiana Weaver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 212-24-3595 | 17. INFORMANT & ADDRESS: Mrs. McAllister 68 Devonshire Rd Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSE (S) DUE TO (B) acute ventricular fibrillation

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) None M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dr. F.F. Lusby (F.Phye, out of town) Sudden death, 19 .., to ...., 19 , that I last saw the deceased alive on , 19 , and that death occurred at 6:50 P M, from the causes and on the date stated above.

SIGNATURE L Robert Wells, DEPT. MEDICAL EXAM, D. WASH. CO., MD. ADDRESS Hagerstown, Md. DATE SIGNED 7.26.55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 7/29/55 | NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery | LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR July 29, 1955 | REGISTRAR'S SIGNATURE Chas H Bowers | 24. FUNERAL DIRECTOR Rest Haven Funeral Chapel | ADDRESS Zinn Hagerstown Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

7139 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07148

Dr. B. L. Kneisley **CERTIFICATE OF DEATH** Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 4 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 545 N. Mulberry St.

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) EARL (Last) MILLER

4. DATE OF DEATH: (Month) July (Day) 9 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, W.DOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: May 20, 1893

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenande

10B. KIND OF BUSINESS OR INDUSTRY: C&P Telephone

11. BIRTHPLACE (State or foreign country): Fiddlersburg, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob M. Miller

14. MOTHER'S MAIDEN NAME: Anna B. Koontz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) — — — —

16. SOCIAL SECURITY NO. 212-05-0845

17. INFORMANT & ADDRESS: Mrs. Minnie B. Miller

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X

IMMEDIATE CAUSE (A) Carcinoma of the Head of the Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 4 months

ANTECEDENT CAUSE (B) DUE TO with metastasis to the Liver

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: April 8, 1955

19B. MAJOR FINDINGS OF OPERATION: Common Duct Obstruction Carcinoma of the Head of the Pancreas;

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 16 1955 to July 9, 19 55 that I last saw the deceased alive on July 9, 19 55 and that death occurred at 3:05 PM, from the causes and on the date stated above.

SIGNATURE M.D. [signature] ADDRESS 148 West Washington Street Hagerstown, Md. DATE SIGNED 9/11/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 7-12-55

NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR July 11, 1955

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman-Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07149

7134

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 11YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 713 SALEM AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
STREET ADDRESS (If rural give location) 713 SALEM AVE.

3. NAME OF DECEASED: (Type or Print) (First) WALTER (Middle) GLENN (Last) MITCHELL

4. DATE OF DEATH: (Month) JULY (Day) 3 (Year) 19 55

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 6/12/1898

9. AGE last birthday: 57 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: WELDER

10b. KIND OF BUSINESS OR INDUSTRY: REFRIGERATION

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES MITCHELL

14. MOTHER'S MAIDEN NAME: ELLEN VIRGINIA LOWMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-20-9623

17. INFORMANT & ADDRESS: MRS. MARGUERITE MITCHELL HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Coronary thrombosis	30 minute
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerotic heart disease	2 yrs. 5mo
	DUE TO (c) Hypertenisve cardiovascular renal disease	3 years

420.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 53, to July 3, 1955, that I last saw the deceased alive on June 30, 1955, and that death occurred at 4:45 PM (DST), from the causes and on the date stated above.

SIGNATURE (Degree or title) William T. Layman, M.D. ADDRESS 100 Professional Arts Bldg. Hagerstown, Maryland DATE SIGNED 7-5-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 7/6/55 | NAME OF CEMETERY OR CREMATORY Park Heights Cem. | LOCATION (City, town, or county) Brunswick Frederick Co. (State)

DATE REC'D BY LOCAL REGISTRAR July 5, 1955 | REGISTRAR'S SIGNATURE Edgar H. Bowers

24. FUNERAL DIRECTOR W. J. Kornrest, Hagerstown, Md. ADDRESS

Dr. Groff

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07150

7135

CERTIFICATE OF DEATH

Reg. Dist. No. 3rd

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prospect St. Hagerstown Garlock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sharpsburg Md.
STREET ADDRESS (If rural give location) Main St. Sharpsburg Md.

3. NAME OF DECEASED: (Type or Print) (First) CARRIE (Middle) IRENE (Last) MUMMA

4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 24 1872

9. AGE last birthday 83 yrs. IF UNDER 1 YEAR Months 6 Days 6 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Sharpsburg Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Mumma

14. MOTHER'S MAIDEN NAME: Frances Reichard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Main St. Miss Bertha Mumma Sharpsburg Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 Yrs

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic cardio-vascular disease — 10 Yrs

(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19..., to 7/31, 19 55 that I last saw the deceased alive on 7/30, 19 55 and that death occurred at 4:30 P.M. from the causes and on the date stated above.

SIGNATURE Walter H. Leaf M. D. ADDRESS Sharpsburg, Md. DATE SIGNED August 2, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Aug. 2 1955

NAME OF CEMETERY OR CREMATORY Mumma Cemetery

LOCATION (City, town, or county) (State) Near Sharpsburg Md.

DATE REC'D BY LOCAL REGISTRAR August 2/5-3

REGISTRAR'S SIGNATURE E. G. Boyer

24. FUNERAL DIRECTOR ADDRESS Edith V. Leaf Williamsport Md.

VS. A15—10-53

7161 07151

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 303

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Hagerstown R#1 | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS City Light Plant

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hagerstown X
STREET ADDRESS (If rural, give location) Hagerstown R # 1 /

3. NAME OF DECEASED: (Type or Print) (First) LLOYD (Middle) FRANCIS (Last) PETERS
4. DATE OF DEATH (Month) July (Day) 9 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Feb. 2, 1905	50 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Directs Awning's-Hag. Awning Co. | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Fairfield, Penna. | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry Peters
14. MOTHER'S MAIDEN NAME: Mary Gease

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) - - - - | 16. SOCIAL SECURITY NO.: 217-09-9731 | 17. INFORMANT & ADDRESS: Robert Peters

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 929.8 (a) .....

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause, stating underlying cause last (b) ..... Suffocation by drowning

DUE TO

(c) .....

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY | 21c. (City or town) Antietam Creek-Hag. (County) Wash. (State) Md.

21d. TIME OF INJURY (Month) 7 (Day) 7 (Year) 55 (Hour) A M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☒ | 21f. HOW DID INJURY OCCUR? Found dead in Antietam Creek

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☒.

SIGNATURE J. Robert Mello M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 7-10-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-11-55	Rest Haven Cemetery	Hagerstown, Md.

DATE REC'D BY LOCAL REG. 7-13-55 | REGISTRAR'S SIGNATURE Chas. H. Rowers | 24. FUNERAL DIRECTOR & ADDRESS Andrew K. Coffman-Hagerstown, Md.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7162

07153

CERTIFICATE OF DEATH

Reg. Dist. No. 306

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN X Rural- Smithburg
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS RD2- Smithburg

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa. COUNTY Franklin 75X-3
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Greencastle
STREET ADDRESS (If rural, give location) RD2- Greencastle

3. NAME OF DECEASED: (Type or Print) (First) VICTOR (Middle) D. (Last) RICE

4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 7/26/1871

9. AGE Last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Fairview, md.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: John W. Rice

14. MOTHER'S MAIDEN NAME: Barbara Boward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Raymond Cordell RD2 Smithburg, md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Acute Pulmonary Edema — Interval between onset and death: 3 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Cerebral (Hemiplegia) Hemorrhage — 6 wks

DUE TO (c) Cardio Sclerosis (generalized) — 15 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: /

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1955, to July 10, 1955, that I last saw the deceased alive on July 10, 1955, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

SIGNATURE Elsie M. Ohler (DEGREE OR TITLE) MD ADDRESS DATE SIGNED 7/10/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 7/12/55 — NAME OF CEMETERY OR CREMATORY Cosey Town Cem. — LOCATION (City, town, or county) Cosey Town (State) Pa.

DATE REC'D BY LOCAL REG. July 10 — REGISTRAR'S SIGNATURE Ver. H. Ferguson

24. FUNERAL DIRECTOR A. E. Minnich — ADDRESS Greencastle Pa.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

7137

07154

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) MARYLAND 45 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1028 LANVALE ST.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural give location) 1028 LANVALE ST.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) CALVIN (Last) RODGERS

4. DATE OF DEATH: (Month) JULY (Day) 19 (Year) 19 55

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 9/14/1873

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) RETIRED LABORER

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SAMUEL RODGERS

14. MOTHER'S MAIDEN NAME: JOSEPHINE CLEM

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 219-12-1028A

17. INFORMANT & ADDRESS: MRS. VIRGIE YOUNGBLOOD HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Epithelermoid Carcinoma with metastis to Axillia and lung

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) DUE TO

(c)

Interval Between Onset And Death: 11 month

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED White at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY 11, 1955 to July 29, 1955, that I last saw the deceased alive on July 29, 1955, and that death occurred at 4.15 PM, from the causes and on the date stated above.

SIGNATURE W. T. Layman, M.D. (Degree or title) Dr. W. T. Layman ADDRESS 100 Proffession Art Bldg., Hagerstown, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7/27/55 NAME OF CEMETERY OR CREMATORY Rest Haven Cem. LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 22 1955 REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR W. D. Normutt ADDRESS Hagerstown, Md.

1084

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07155

7163

CERTIFICATE OF DEATH

Reg. Dist. No. ... ...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Williamsport
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Williamsport Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W. Va. COUNTY Berkeley
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marlowe W. Va. RFD 85x-3
STREET ADDRESS (If rural give location) Falling Waters RFD √

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Adaline (Last) Samsell

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 7 1872

9. AGE last birthday 82 yrs. IF UNDER 1 YEAR Months 7 Days 20 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Practical Nurse

10B. KIND OF BUSINESS OR INDUSTRY: Nursing

11. BIRTHPLACE (State or foreign country): Marlowe W. Va RFD

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Gibson Samsell

14. MOTHER'S MAIDEN NAME: Prudence Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Falling Waters FRD Mr. John Wesley Samsell Marlowe W. Va

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

175X

IMMEDIATE CAUSE (A) Papilloma Adenocarcinoma Ovary — INTERVAL BETWEEN ONSET AND DEATH 1 yr.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 23 Sept. 1954 **19B. MAJOR FINDINGS OF OPERATION** Large tumor - Above diagnosis

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 22 1953, to 28 July 1955, that I last saw the deceased alive on 27 July, 1955, and that death occurred at 4:20 PM, from the causes and on the date stated above.

SIGNATURE Lee Haar M. D. ADDRESS Williamsport, Md DATE SIGNED 29 July 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial **DATE THEREOF** July 31-55 **NAME OF CEMETERY OR CREMATORY** Riverview Cemetery **LOCATION** (City, town, or county) Williamsport Md. (State)

DATE REC'D BY LOCAL REGISTRAR July 29-55 **REGISTRAR'S SIGNATURE** E Lee McElroy

24. FUNERAL DIRECTOR Albert L Leaf **ADDRESS** Williamsport Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07156

7164

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X MAUGANSVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 WENNONITE HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASH
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MAUGANSVILLE X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) DANIEL (Middle) C (Last) SHANK

4. DATE OF DEATH: (Month) 7 (Day) 14 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: JUNE 24, 1890

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ANTRIM TOWNSHIP PENN.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHRISTIAN SHANK

14. MOTHER'S MAIDEN NAME: MARY STRIKE SHANK

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-09-8139

17. INFORMANT & ADDRESS: CHRISTIAN J SHANK

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Cerebral arteriosclerosis	15 yrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Arteriosclerosis, generalized	25 yrs
(260X)	(c) DUE TO Diabetes mellitus	20 yrs
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Prostatic hypertrophy, benign	15 yrs.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/6, 1955, to 7/14, 1955, that I last saw the deceased alive on 7/13, 1955, and that death occurred at 9:22 PM, from the causes and on the date stated above.

SIGNATURE Edward W. Hoffman III, M.D. (Degree or title) ADDRESS 210 W. Washington St. DATE SIGNED 7/15/55

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF July 16, 1955 NAME OF CEMETERY OR CREMATORY MILLER'S MENNONITE CEMT. LOCATION (City, town, or county) NEAR LEITERSBURG (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 15, 1955 REGISTRAR'S SIGNATURE Lloyd H. Bowers

24. FUNERAL DIRECTOR W. T. Mowen ADDRESS Hagerstown Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7165

07157

CERTIFICATE OF DEATH

Reg. Dist. No. 01

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Williamsport Md RFD #2
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pinesburg

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Williamsport Md RFD #2
STREET ADDRESS (If rural give location) Pinesburg

3. NAME OF DECEASED: (Type or Print) (First) DAVID (Middle) DEMPSEY (Last) SLOSS

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: Dec, 2 1881 | 9. AGE last birthday 73 yrs. | IF UNDER 1 YEAR Months 7 Days 17 | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): State Rd. Comm.
10B. KIND OF BUSINESS OR INDUSTRY: West Va Roads
11. BIRTHPLACE (State or foreign country): Braddock Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Dempsey Sloss
14. MOTHER'S MAIDEN NAME: Elizabeth Ann Reese

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 235-18-9037A
17. INFORMANT & ADDRESS: Mrs. Ola Sloss Williamsport RFD #2 Pinesburg Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE
(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH Immediate

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/21/55 19 ., to 7/22/55 19 ., that I last saw the deceased alive on 7/22/55 19 ., and that death occurred at 10.45 P.M., from the causes and on the date stated above.
SIGNATURE L. F. Young M. D. ADDRESS Williamsport Md DATE SIGNED 7/22/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF July 24/55
NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
LOCATION (City, town, or county) (State) Williamsport Maryland

DATE REC'D BY LOCAL REGISTRAR July 23-55
REGISTRAR'S SIGNATURE E Lee McElroy
24. FUNERAL DIRECTOR Edith V. Leaf
ADDRESS Williamsport Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

7138 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07158

Dr. Jennings

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY: Washington — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
LENGTH OF STAY (in this place): 47 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1901 Virginia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 1901 Virginia Ave.

3. NAME OF DECEASED: (First) NORMAN (Middle) JACOB (Last) SNOOK

4. DATE OF DEATH: (Month) July (Day) 7 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: July 18, 1883

9. AGE last birthday: 71 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Poultry Dealer-Self Empl.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Otho Scott Snook

14. MOTHER'S MAIDEN NAME: Catherine Mundy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Virginia Snook

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (b) with Chronic Congestive Failure
DUE TO (c) Arteriosclerosis, generalized — 5 years.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/16, 1954, to 7/7, 1955, that I last saw the deceased alive on 7/7, 1955, and that death occurred at 10:05 P M, from the causes and on the date stated above.

SIGNATURE M.D. George Jennings — ADDRESS Hagerstown, Md. — DATE SIGNED July 9, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — **DATE THEREOF:** 7-10-55 — **NAME OF CEMETERY OR CREMATORY:** Rose Hill Cemetery — **LOCATION (City, town, or county) (State):** Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR: July 9 1955 — **REGISTRAR'S SIGNATURE:** Edgar H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman-Hagerstown, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

7136

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07152

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown Md.
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 91 Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md. X
STREET ADDRESS (If rural give location) 36 W. Potomac St. /

3. NAME OF DECEASED: (Type or Print) (First) EMMA (Middle) MARTIN (Last) REED

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Aug. 14 1885

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months 10 Days 16 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Charlton Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Amos Martin

14. MOTHER'S MAIDEN NAME: Sallie Potts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: 36 W. Potomac St. Mr. William G. Reed Williamsport Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 1 Day

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/30/55, 19..., to 7/1/55 19..., that I last saw the deceased alive on July 1, 1955, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

SIGNATURE Leigh F. Kemp M. D. ADDRESS Williamsport Md. DATE SIGNED 7/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF July 4 1955 NAME OF CEMETERY OR CREMATORY Riverview Cemetery LOCATION (City, town, or county) Williamsport Md. (State)

DATE REC'D BY LOCAL REGISTRAR July 2, 1955 REGISTRAR'S SIGNATURE Ethel H. Bowers

24. FUNERAL DIRECTOR Edith V. Leaf ADDRESS Williamsport Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07159

7139

CERTIFICATE OF DEATH

Dr Brewer

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown ¾ R # 2
STREET ADDRESS (If rural give location) Willsons

3. NAME OF DECEASED: (First) BARBARA (Middle) COFFMAN (Last) SPESSARD

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Oct 9 1896 | 9. AGE last birthday: 58 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry L. Coffman
14. MOTHER'S MAIDEN NAME: Anna Bostetter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Keller L. Spessard

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0
IMMEDIATE CAUSE (A) Hepatic Cirrhosis — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 14 1955 to July 28 1955 that I last saw the deceased alive on July 27, 1955, and that death occurred at 1.30 M, from the causes and on the date stated above.
SIGNATURE David L. Brewer M. D. ADDRESS Clear Spring Md DATE SIGNED 7/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: 7/30/55 | NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery | LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: July 29 1955 | REGISTRAR'S SIGNATURE: Chas H Bellers

24. FUNERAL DIRECTOR: Andrew K. Coffman ADDRESS: Hagerstown Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07160

7140

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 901 View St.

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) I (Last) Stephey

4. DATE OF DEATH: (Month) 7 (Day) 30 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 4/16/1894

9. AGE last birthday 61 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Dayton, Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Moore

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: 901 View St. J. Guy Stephey Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 197X

(A) DUE TO Mesothelioma of Peritoneum — INTERVAL BETWEEN ONSET AND DEATH: 15 months

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/9/, 1950, to 7/30, 1955, that I last saw the deceased alive on 7/30, 1955, and that death occurred at 2:15 A.M, from the causes and on the date stated above.

SIGNATURE Dalton M. Wells, M.D. ADDRESS Hagerstown DATE SIGNED 8/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Aug 2, 1955 — NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery — LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR Aug 2, 1955 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS Rest Haven Funeral Chapel Inc. Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07161

7165

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY: Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X rural Hagerstown
MARYLAND LENGTH OF STAY (in this place): 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: RFD #4

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural Hagerstown X
STREET ADDRESS (If rural give location): RFD #4

3. NAME OF DECEASED: (First) Ann (Middle) Lucinda (Last) Stoner

4. DATE OF DEATH (Month) July (Day) 15, (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: October 25, 1874

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months: IF UNDER 24 HRS Days: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): companionn

10B. KIND OF BUSINESS OR INDUSTRY: house work

11. BIRTHPLACE (State or foreign country): Hagerstown, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William I. Reynolds

14. MOTHER'S MAIDEN NAME: Barbara E. Valentine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO: 218-30-9405

17. INFORMANT & ADDRESS: Walter Spessard, Smithsburg, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X
IMMEDIATE CAUSE (A) Hypertensive cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory) OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 9, 1953, to July 15, 1955, that I last saw the deceased alive on July 9, 1955, and that death occurred at 12:15 P.M. from the causes and on the date stated above.

SIGNATURE L. A. Bell M. D. ADDRESS Hagerstown, Md. DATE SIGNED July 16 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): burial

DATE THEREOF: 7-17-55

NAME OF CEMETERY OR CREMATORY: Funkstown Cemetery

LOCATION (City, town or county) (State): Funkstown, Md.

DATE REC'D BY LOCAL REGISTRAR: JUL 17 1955

REGISTRAR'S SIGNATURE: Clark Rowers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son

ADDRESS: Hagerstown

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07162

7141

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Wash. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) live
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural Hagerstown
STREET ADDRESS (If rural give location) RFD #3

3. NAME OF DECEASED (Type or Print) (First) LeRoy (Middle) Hamilton (Last) Stottlemyer

4. DATE OF DEATH (Month) July (Day) 12 (Year) 1955

5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH Nov. 24, 1902 | 9. AGE Last birthday 52 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) installer | 10B. KIND OF BUSINESS OR INDUSTRY floor covering | 11. BIRTHPLACE (State or foreign country) Washington Co., Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob Stottlemyer

14. MOTHER'S MAIDEN NAME: Clara Gaver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-09-7445

17. INFORMANT & ADDRESS Lula Stottlemyer, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Acute Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH 10 hrs.

ANTECEDENT CAUSE (B) DUE TO Acute Coronary Occlusion — 12 hrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) Coronary Artery Disease — 3 months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION None | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 24, 1955, to 12 July, 1955, that I last saw the deceased alive on 11 July, 1955, and that death occurred at 1:55 A.M. from the causes and on the date stated above.

SIGNATURE Jane Hook M.D. M. O. ADDRESS Williamsport, Md DATE SIGNED 12 July 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial | DATE THEREOF 7-14-55 | NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery | LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR July 13, 1955 | REGISTRAR'S SIGNATURE Chas. H. Bowers | 24. FUNERAL DIRECTOR Scott F. Mi[illegible]son ADDRESS Hagerstown

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

07163

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7167

CERTIFICATE OF DEATH

Reg. Dist. No. 303

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural
LENGTH OF STAY (In this place): 5yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Big Springs RD#1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural
STREET ADDRESS (If rural, give location): Big Springs RD#1

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
GLENN	VICTOR	TOSTEN	July	28	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	White	Single	Dec 28. 1946	8 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hagerstown Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Glenn Tosten
14. MOTHER'S MAIDEN NAME: Margaret Semler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S ADDRESS: Mrs Lyman Tosten Big Springs RD#1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

342 X

			Interval Between Onset and Death
Immediate cause	(a)	Brain abscess	unknown
DUE TO			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Cause undetermined	
DUE TO			
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Cerebral spastic, severe Malnutrition — since birth / since birth

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 28, 1946, 19....., to July 28, 1955, 19....., that I last saw the deceased alive on July 27 55, 19....., and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
Charles Robert Cohen M D Clear Spring, Maryland July 29, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): B
DATE THEREOF: 7/30/55
NAME OF CEMETERY OR CREMATORY: Broadfording Cem.
LOCATION (City, town, or county) (State): Washington Co., Md.

DATE REC'D BY LOCAL REG.: 7-30-55
REGISTRAR'S SIGNATURE: Joseph W. Murray
24. FUNERAL DIRECTOR: A.E. Minnich — ADDRESS: Greencastle, Pa.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07164

CERTIFICATE OF DEATH

Reg. Dist. No. 202

7142

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 03 Hagerstown
LENGTH OF STAY (in this place) 22 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 07 404 W. Washington St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 404 W. Washington St.

3. NAME OF DECEASED: (Type or Print) (First) Judson (Middle) Sylanus (Last) Washburn

4. DATE OF DEATH (Month) July (Day) 21 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Apr. 24, 1863

9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister

10B. KIND OF BUSINESS OR INDUSTRY: Religion

11. BIRTHPLACE (State or foreign country): Waukon Iowa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Calvin Washburn

14. MOTHER'S MAIDEN NAME: Mary Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. ---

17. INFORMANT & ADDRESS: Mrs. Grace W. Tewalt Hag. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 IMMEDIATE CAUSE (A) Cerebral Thrombosis Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 10 yrs

ANTECEDENT CAUSE (B) DUE TO Senility

DISEASES OR CONDITIONS IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-1- , 1955, to 7-21 , 1955, that I last saw the deceased alive on 7-20 , 1955 , and that death occurred at 7 P M, from the causes and on the date stated above.

SIGNATURE D. W. Smith M. D. ADDRESS Hagerstown DATE SIGNED 7/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: July 25, 1955 — NAME OF CEMETERY OR CREMATORY: St. Pauls Cemetery — LOCATION (City, town, or county) (State): Near Clearspring Md.

DATE REC'D BY LOCAL REGISTRAR: July 24, 1955 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Scott F. Minnick & Son — ADDRESS: Hag. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07165

7149 Item 7, File 6164 8-5-55 et Dr Packer Reg. Dist. No. 302

CERTIFICATE OF DEATH

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH.
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 1 Week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. county hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 1106 Oak Hill Ave

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) REMINGTON (Last) WHITACRE

4. DATE OF DEATH: (Month) (Day) (Year) July 30 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 27 1892

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Termite Exterminator

10B. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Jefferson Co W. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Luther Whitacre

14. MOTHER'S MAIDEN NAME: Annie Emory

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 325-12-1322

17. INFORMANT & ADDRESS: Raymond E. Whitacre

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 day

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arteriosclerosis

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 21, 1955, to July 30, 1955, that I last saw the deceased alive on July 30, 1955, and that death occurred at 4:30 PM, from the causes and on the date stated above.

SIGNATURE Robert W. Campbell M.D ADDRESS 145 W Wash. Hagerstown DATE SIGNED 8/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 8/2/55 — NAME OF CEMETERY OR CREMATORY Rose Dale Cemetery — LOCATION (City, town, or county) (State) Berkely Co - Martinsburg, W. Va.

DATE REC'D BY LOCAL REGISTRAR Aug. 1. 1955 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7144

07166

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 24 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 15 Brenner Ave.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Premature Baby Raymond L. Whorton

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: July 12, 1955
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 28 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Raymond L. Whorton
14. MOTHER'S MAIDEN NAME: Josephine Branchman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) — — — —
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Raymond L. Whorton

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776.X IMMEDIATE CAUSE (A) Prematurity (wt. 1"11") — INTERVAL BETWEEN ONSET AND DEATH 28 hours

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 12, 1955, to July 13, 1955, that I last saw the deceased alive on July 13, 1955, and that death occurred at 9:50 A.M., from the causes and on the date stated above.

SIGNATURE L L Parker Jr. M. D. ADDRESS Hagerstown, Md DATE SIGNED 9/13/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7-13-55
NAME OF CEMETERY OR CREMATORY Belleview Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR July 14 1955
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman-Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

2075172210

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7145

07167

CERTIFICATE OF DEATH

Dr Ralph Young

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 08 Hagerstown; LENGTH OF STAY (In this place) 3 Weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS 8/ Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural give location) 323 West Washington St

3. NAME OF DECEASED: (First) OTIS (Middle) RHEA (Last) WINGERD

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Apr 13 1884

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance

10B. KIND OF BUSINESS OR INDUSTRY: Elks Lodge

11. BIRTHPLACE (State or foreign country): Chambersburg Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benj Wingerd

14. MOTHER'S MAIDEN NAME: Anna Zimmerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-14-6539

17. INFORMANT & ADDRESS: Mrs Edna S. Wingerd

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Day

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/10/55 to 7/11/55 19..., that I last saw the deceased alive on 7/11/55, and that death occurred at 12:10 PM, from the causes and on the date stated above.

SIGNATURE E. F. Young M. D. ADDRESS Williamsport Md. DATE SIGNED 7/11/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 7/13/55 — NAME OF CEMETERY OR CREMATORY West Haven Cemetery — LOCATION (City, town, or county) Hagerstown Md. (State)

DATE REC'D BY LOCAL REGISTRAR 7-13-55 — REGISTRAR'S SIGNATURE Chas. N. Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman — ADDRESS Hagerstown Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07168

7146 Dr Conrad 302

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 5 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS (If not in hospital or institution, give street address or location) 322 Linganoree Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 322 Linganore Ave

3. NAME OF DECEASED: (Type or Print) (First) MINNIE (Middle) PENDLETON (Last) YEADAKERA

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: May 24 1897

9. AGE last birthday 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Perkins

14. MOTHER'S MAIDEN NAME: Dora Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ——

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Merrill Yeadaker

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X
IMMEDIATE CAUSE (A) Carcinoma of Breast — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ✓

19A. DATE OF OPERATION: 1950 | 19B. MAJOR FINDINGS OF OPERATION: Carcinoma both Breasts | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1954, to July 24, 1955, that I last saw the deceased alive on July 23, 1955, and that death occurred at 1.15 A M, from the causes and on the date stated above.

SIGNATURE Robert P. Conrad M. D. ADDRESS Hagerstown, Md DATE SIGNED 7-25-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 7/26/55 | NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery | LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REGISTRAR July 25, 1955 | REGISTRAR'S SIGNATURE Chas H. Bowers | 24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

07169

7147

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Wash. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) 26 N. Mulberry St. 1

3. NAME OF DECEASED: (First) Calvin (Middle) Earl (Last) Young

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 19 55

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: Nov. 14, 1903

9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): owner

10B. KIND OF BUSINESS OR INDUSTRY: confectionary Store

11. BIRTHPLACE (State or foreign country): Hagerstown, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Vernon C. Young

14. MOTHER'S MAIDEN NAME: Annie Beachley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 218-30-9638

17. INFORMANT & ADDRESS: Mrs. Richard Logan, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 420.1	(A) Acute coronary Thrombosis	4 hours.
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	(B) DUE TO Coronary heart disease	2 wks.
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-27, 19 55, to 7-28, 19 55, that I last saw the deceased alive on 7-27, 19 55, and that death occurred at 2 A. M, from the causes and on the date stated above.

SIGNATURE John H. Hornbaker M.D. ADDRESS 154 W. Wash. St. Hagerstown, Md DATE SIGNED 7-29-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): burial | DATE THEREOF: 7-30-55 | NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery | LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR: July 29 1955 | REGISTRAR'S SIGNATURE: Blair H Bowers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son, Hagerstown ADDRESS

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

7148 — Reg. Dist. No. 302 — 071570

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown (03)
LENGTH OF STAY (in this place): 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS (00): 809 Guilford Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown (03)
STREET ADDRESS (If rural give location): 809 Guilford Ave. (1)

3. NAME OF DECEASED: (Type or Print) (First) EVA (Middle) KATE (Last) ZELLER

4. DATE OF DEATH: (Month) July (Day) 13, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 25, 1878

9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse

10B. KIND OF BUSINESS OR INDUSTRY: Self-employed

11. BIRTHPLACE (State or foreign country): Hagerstown RFD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bruce F. Zeller

14. MOTHER'S MAIDEN NAME: Mary C. Zeller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW#1

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mary A. Zeller

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0
IMMEDIATE CAUSE (A): Arteriosclerosis, General — INTERVAL BETWEEN ONSET AND DEATH: 10 yr

ANTECEDENT CAUSE (S)
DUE TO (B):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (C):

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/20, 1954, to 7/13, 1955, that I last saw the deceased alive on 7/13, 1955, and that death occurred at 2:10 M, from the causes and on the date stated above.

SIGNATURE: Robert U. Campbell M.D. — ADDRESS: Hagerstown — DATE SIGNED: 7/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 7-15-55 — NAME OF CEMETERY OR CREMATORY: Salem E-R Cemetery — LOCATION (City, town, or county) (State): Near Cearfoss, Md.

DATE REC'D BY LOCAL REGISTRAR: July 15, 1955 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman — Hagerstown, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53